

State of California
Department of Pesticide Regulation
TRAVEL EXPENSE CLAIM
DPR-027 (Rev. 3/04)

See Instructions and Privacy Statement on Reverse Side

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☐ Out-of-State Trip No. _____ ☒ Travel ☐ Training

Claimant's Name: Mary-Ann Warmerdam Telephone Number: 916-445-4000 Employee Number: [REDACTED]

Home Address: [REDACTED] City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED] Position: Director

Headquarters Address: 1001 I Street City: Sacramento State: CA Zip Code: 95814 Branch: Executive Office CB/I No. Exempt

(1) Month/Year 3/10	D a t e	(3) Location Where Expenses Were Incurred (Between what Points)	(4) Lodging	(5) Meals			(6) Incid'l	(7) Transportation				(8) Business Expense	(9) Total Expenses for Day
				Breakfast	Lunch	Dinner		(A) Cost	(B) Type	(C) Tolls Carfare Pkg.	(D) Private Car Miles Amt.		
1030	19	Sacto./Orange Co./Long Beach			10.00	18.00			SC, A, RC	19.00			47.00
	1830	20 Long Beach/Orange Co./Sacto.		6.00	10.00		6.00	8.35	A, RC, SC	18.00			48.35
		PURPOSE: SPEAK AT MTG. OF PEST CONTROL OPERATORS OF CALIFORNIA, AND MEET WITH WESTERN GROWERS ASSN.											0.00
													0.00
													0.00
													0.00
													0.00
													0.00
													0.00
													0.00
													0.00
													0.00
													0.00

Sub Total (Acct. Use Only)

TRAVEL ADVANCE

\$

(10) CLAIM TOTAL

\$ 95.35

(11) Purpose of Trip, Remarks & Details

3/19:(4): no hotel charge--employee stayed with family
3/19:(7)(C): parking for rental car at PCOC meeting in Long Beach (receipt attached)
3/20:(7)(A): gas in rental car (receipt attached)
3/20:(7)(C): parking at Sacramento airport (receipt attached)

(12) Normal Work Hours

0800-1700

(13) Private Vehicle License No.

(14) Mileage Rate Claimed

(15) I HEREBY CERTIFY, that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750 - 0754 pertaining to vehicle safety and seat belt usage.

Claim

Date

04.07.10

(16) Signature of Officer Approving Travel and Payment

Special Expense Authorization (See item 17 on reverse)

(18) Program Use				Accounting Use Only				
Index	PCA	%		Obj. Code	Amount	Tax	Non-Tax	Check Number
2100	13000	100						

Forward original and one copy, with required vouchers/receipts, (original and one copy), to DPR's Accounting Office